



FITLIFE WAIVER

Name of Parent/Guardian: _____

Names of Children: _____

Age(s): _____

Address: _____ State: _____ Zip code: _____

Phone: _____ E-Mail: _____

Total Number Attending: _____ Total number of Special Needs attending: _____

Your participation at this event means that you have agreed to all terms and conditions of the “waiver” listed below.

GENERAL ACTIVITY WAIVER

I/we AGREE AND UNDERSTAND THAT FOR MYSELF AND ANY OTHER INDIVIDUAL THAT IS UNDER MY CARE AND / OR SUPERVISION have willingly agreed to participate in the activities presented during this event. I assume all risks associated with this event, including but not limited to falls, contact with other participants, the effects of climate and any other conditions that may be present or present themselves during the course of the event, all such risks being known and appreciated by me. I know and understand that participation could include walking, running, jumping, bouncing and any other type of activity that is offered or that I elect to participate in is potentially hazardous and that I should not enter and /or participate unless I am medically able. I agree to abide by any decision relative to my ability to safely engage in the planned activities.

Having read this waiver and knowing these facts and in consideration of the entry, I hereby for myself, heirs, executors and administrators and as a parent or caregiver waive any and all claims from injuries, death, damage or loss that I and/or a child in my care may have against the Autism Cares Foundation, Inc. and Bethanna and/or any individuals associated with these organization, their representatives, volunteers, board of directors, officers, and any other person(s) that may be affiliated with this event, for any and all injuries that may be suffered by me in connection with this event including pre and post activities. I hereby grant permission to the organizers of this event, the Autism Cares Foundation and Bethanna and their authorized agents to use my name, photographs, videotapes, in connection with this event, including any other record of my participation in this event.

Print Name (Parent/Guardian): _____

Signature of Parent/Guardian: _____

Date: _____

www.AutismCaresFoundation.org

PO Box 180, Richboro, PA 18954-0180

“The brightest stars are those that shine for the benefit of others.”

A Pennsylvania Non-profit Corporation and is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.
The official registration and financial information of the Autism Cares Foundation, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.